as a result of Russian aggression against Ukraine. Studied affective disorders in 24 forcibly displaced females. Age of the surveyed 30-50 years. Contacted with psychiatrist because the insistence of relatives. Patients were not identified and applied earlier about mental disorders to psychiatrists. To quantify anxiety, we used a scale HAM-A.

Methods: Clinico-psychopathological.

Results: Affective disorders in the examined patients can be confidently attributed to adjustment disorders. According to the ICD-10, an adaptation disorder (F43.2) was diagnosed. Most of them were dominated by depressive and anxiety-depressive modalities of affective disorders. According to the HAM-A scale, the level of anxiety was 14±2.7. Most patients showed few irritability and anger, which is probably due to the inability to respond to the cause of their troubles and problems. However, some patients (6 people) expressed gloomy irritability, anger (clinical sighnificant) a feeling of hostility towards others. It is necessary to note the undulation of these manifestations, often aggravated under the influence of external factors.At the same time, the immediate environment often suffered, on which all the troubles fell. The behavior of such patients became maladaptive, significantly disrupting communication.

Conclusions: Therapeutic impact on internally displaced persons should be aimed not only at overcoming anxiety and depressive syndrome, but also irritability and anger. This should be taken into account when planning psychotherapeutic programs, it is possible to prescribe normotimics.

Disclosure of Interest: None Declared

Neuroimaging

EPV0610

Neuroimaging in Internet gaming disorder comorbid with Attention-deficit disorder

B. Wildenberg[1,2]*, R. Pires[3], D. Pereira[1], I. Faria[1] and N. Madeira[1]

[1]Psychiatry, Centro Hospitalar e Universitário de Coimbra; [2]Institute of Psychological Medicine and [3]Neurorradiology, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1931

Introduction: Internet gaming disorder (IGD) refers to a pattern of persistent gambling behaviour or recurring gambling, on the Internet, with impaired control, increased priority, and continuation or escalation of gambling despite the occurrence of negative consequences. Currently, online gambling - more frequent among men - represents a very important, constantly growing economic activity. Since the COVID-19 pandemic and the need to conduct classes online, there has been an increase in the rate of IGD in children and youth (7-25 years old). Comorbidities, namely attention deficit hyperactivity disorder (ADHD), have been associated with a higher prevalence of IGD. They share core traits, such as impulsiveness, seeking immediate reward, deficient motivation, and hostility, which may translate into neuroimaging similarities.

Objectives: Non-systematic review of the literature about neuroimaging of IGD comorbid with ADHD.

Methods: A search was conducted on PubMed and other databases, using the MeSH terms "Internet Addiction Disorder", "Attention

Deficit Disorder with Hyperactivity" and {"MRI" OR "fMRI" OR "functional connectivity" OR "neuroimaging OR neural alteration OR neuronal alteration OR neural change"}.

Results: IGD and ADHD have shared and disorder specific patterns of structural and functional abnormalities, particularly in reward function. For instance, IGD has been associated with lower putamen grey matter volume (GMV), while ADHD patients have lower GMV in the orbitofrontal cortex. Disorder-specific fMRI activation has been observed in the precuneus in IGD; in ADHD, there is special activation in the fusiform gyrus. Finally, shared structural and functional alterations between IGD and ADHD seem to converge in the prefrontal-striatum circuit, especially the anterior cingulate cortex.

Conclusions: ADHD has been suggested as the most significant predictor of IGD in cross-sectional and prospective studies, however there is no study that clarifies their relationship. It is unclear whether IGD causes ADHD symptoms or whether a problem with gambling is a prodromal sign of the development of full ADHD. Studies revealing common neurobiological foundations between these disorders are pivotal to understand their basic mechanisms, while alerting to the necessity to screen for both pathologies when one is present. They may also point to an overlapping target (the reward circuit) for behavioural and pharmacological treatment.

Disclosure of Interest: None Declared

EPV0611

Gender-specific anatomical correlations of schizotypy in healthy individuals

A. S. Tomyshev[1], Y. Panikratova[1], I. Lebedeva[1], E. Abdullina[1]* and E. Pechenkova[2]

[1]Mental Health Research Center and [2]HSE University, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1932

Introduction: Schizotypy refers to a continuum of symptoms from subclinical manifestations in the general population to severe symptoms in schizophrenia spectrum disorders. Neuroimaging studies revealed significant relationships between schizotypy and cortical anatomy in the general population. However, it remains unclear whether these structural associations has a gender specificity.

Objectives: The present study used structural MRI data to investigate the relationship between subclinical schizotypy symptoms and cortical and subcortical morphometric measures in male and female samples of healthy individuals.

Methods: 164 right-handed healthy unmedicated individuals (18.0-34.9 years, 57% females) underwent structural MRI at 3T Philips scanner. T1-weighted images were processed via FreeSurfer 6.0 to quantify cortical thickness for 34 regions-of-interest (ROIs) according to Desikan atlas and volumes for 7 subcortical structures at each hemisphere. Schizotypy levels were assessed using self-report Schizotypal Personality Questionnaire, total schizotypy score and 4 factors scores (Cognitive-perceptual, negative, disorganized and paranoid factors as per Stefanis *et al.* Schizophr Bull. 2004; 30 335-350) were calculated. Partial correlation analysis (ppcor version 1.1, R version 4.2.1) was used to assess the associations between ROIs cortical thickness and total schizotypy or